

OCT 19 2006



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
<http://www.vrtx.com>

FAX TRANSMISSION

| | |
|---------------------|------------------------------|
| To | USPTO |
| Examiner | Venkataraman Balasubramanian |
| Group Art Unit | 1624 |
| From | Daniel A. Pearson |
| Date | October 19, 2006 |
| Application No. | 10/696,862 |
| Attorney Docket No. | VPI/02-115 US |
| Total Pages | 80 |

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6790 immediately.

OCT 19 2006

Attorney Docket No.: VPI/02-115US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/696,862
Confirmation No.: 8080
Filing Date: October 30, 2003
Examiner: Venkataraman Balasubramanian
Group Art Unit: 1624
Applicants: Jingrong Cao et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF ROCK AND OTHER PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being facsimile transmitted to the United States Patent and Trademark Office on October 19, 2006.


Melissa R. Ponziano

October 19, 2006
Cambridge, Massachusetts

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [] a Petition for Extension of Time; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: Jingrong Cao et al.
Application No. 10/696,862

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEES |
|---|---|------------------|------|--------------------|
|---|---|------------------|------|--------------------|

**INDEPENDENT
CLAIMS** - * = X \$200 = \$ 0

**FIRST PRESENTATION OF A
MULTIPLE DEPENDENT CLAIM** + \$360 = 66

- A check in the amount of \$____ in payment of the filing fee is transmitted herewith.
 - Please charge \$____ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
 - The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants:
Application No.

Jingrong Cao et al.
10/696,862

EXTENSION FEE

- [] The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- [] A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- [] Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- [] Please charge \$ _____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. § _____).

Respectfully submitted,



Daniel A. Pearson (Reg. No. 58,053)
Agent for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6790
Fax: (617) 444-6483